

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medication: Lidoderm, Skelaxin (Metaxlone), Baclofen and Ultram (Tramadaol)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Anesthesiologist

Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 06/14/12

Letter of notification 04/19/12

Letter of intent to endorse RME reported recommendations dated 05/11/10

Medical fee dispute resolution findings and decision dated 08/17/11

Medical fee dispute resolution request stamped 07/19/11

Prescriptions

RME report dated 09/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have date of injury of xx/xx/xx. The claimant was seen by Dr. on 09/10/07 for evaluation of medical care. It is reported that the claimant has previous work related injuries including following off plate in xxxx impacting his buttock, surgical intervention in 1975 with return to work, lifting 2 inch pipe in 1986 resulting in another surgery. As a result of xx/xx/xx injury the claimant had a two level fusion secondary to having to squat in confined spaces. He is noted to have comorbid medical conditions of coronary

artery disease and diabetes for which he takes insulin. He is noted to chronically take Lidoderm patches, Ultram 4-6 per day, Baclofen 3 times a day, and occasional Skelaxin. He is reported to have low back pain radiating into his legs. On physical examination he is noted to be ambulatory and walks with a stiff gait. He has midline scarring in low back. Range of motion is mildly reduced. Straight leg raise was negative. He has scars from saphenous vein harvesting. Reflexes are 1+ at ankle. He has no numbness. Dr. reported the claimant undoubtedly has chronic back pain. He reported since the fusion he has some hyperostosis. Dr. finds that the claimant's current medication profile is reasonable and necessary. He recommends against further injections and he was recommended for follow-up on a quarterly basis.

The records indicate that based upon an RME performed by Dr. on 01/11/10 a recommendation was made for the cessation of medications and no other aggressive treatment. Records subsequently indicate that the claimant was notified that these medications will no longer be funded which included Lidoderm, Skelaxin, Baclofen, and Ultram. This subsequently is noted to have been referred for Medical Fee Dispute Resolution Findings and Decision on 08/17/11. Dispute resolution officer Marguerite Foster does not authorize payment of 722.54 for the period of 11/09/10 to 06/10/11.

A subsequent request for dispute resolution has been submitted for the time period of 01/05/11-06/10/11 for 722.54.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for Lidoderm, Skelaxin, Baclofen, and Ultram is not supported by the submission of any clinical records. The record contains portions of an RME report which indicate that payment for the claimant's medications was discontinued in 05/10. The record contains the medical fee dispute resolution findings and decision which upholds the RME recommendations and did not reimburse the claimant for 722.54. The current clinical information contains no data to establish that the current medications Lidoderm, Skelaxin, Baclofen, and Ultram are medically necessary and therefore the prior medical fee dispute resolution response would be the basis for the decision.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES